

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	PK		12/5/0

BEST AVAILABLE COPY

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 - ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	5/5/0
2	5/5/0
3	5/5/0
4	5/5/0
5	5/5/0
6	5/5/0
7	5/5/0
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50	5/5/0

Claim	Date
Final Original	
51	12/5/0
52	12/5/0
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97	12/5/0
98	12/5/0
99	12/5/0
100	12/5/0

Claim	Date
Final Original	
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If more than 150 claims or 10 actions  
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